

GENERAL CONTRACTOR LISTING REQUIREMENTS

GENERAL INFORMATION:

Please complete all information on the application. You must submit all documentation required for the filing status in which you are applying. The names on all documentation (application, certificate of insurance, bond, and workman's compensation) must read exactly the same. This listing will be renewable every two (2) years after the December 31st expiration date. All new listings, including name changes, will be required to attend an orientation class within sixty (60) days of issuance.

FEES: New Listing- (2yrs-18mths) \$247.00; (18mths-1yr remaining) \$185.00; (Less than 1yr remaining) \$124.00

Renewal- \$247.00

Please make checks payable to "The City of Indianapolis"

Agents- 1-5 agents no charge, 6 or more agents - \$63.00 each

APPLICATION REQUIREMENTS:

Sole Proprietors: Insured/principal should be listed as the **Sole Proprietor dba (doing business as) Business Name**

Partnerships: Insured/principal should be listed as the name of **each partner dba (doing business as) the partnership name. DBA'S**, that do not include the surname of the proprietor or partner, must register in the county in which the business originates. Proof of the DBA registration must be submitted with this application. If the county does not record DBA's the contractor should submit a letter stating the county policy. For DBA's in Marion County, contact the Marion County Records Office at (317) 327-4020.

Corporations/LLCs: Must register with the Indiana Secretary of State at 317-232-6576.

APPLICATION

Must have dated signature of sole proprietor, partner, or officer of the corporation (attesting that the information is complete and accurate)Corporations and LLC's must submit a list of their company officers with the application.

- **GENERAL LIABILITY INSURANCE CERTIFICATE**

Must have minimum of \$500,000 for each occurrence of death or bodily injury and must have minimum of \$100,000 for each occurrence of property damage.

OR

Must have Combined single limit coverage which covers both bodily injury and property damage, minimum of \$500,000/occurrence

Must have a certificate of insurance

Must name the company as the insured

Must indicate coverage for Listed General Contractor

Must not limit coverage to a single job

Must name the "**Consolidated City of Indianapolis**" as **Additional Insured**

Must notify the Department of Code Enforcement, in writing, at least 15 days prior to cancellation

Must identify the effective and expiration dates of the coverage

Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

Must list the City of Indianapolis as Certificate Holder along with the address

- **SURETY BOND OR BOND CONTINUATION CERTIFICATE**

All bond information MUST be type-written. Hand-written bonds will not be accepted.

Must show the bond number

Must list the name, address, and phone number of the bonding company & insurance agent

Must be in the amount of \$10,000

Must name the "Consolidated City of Indianapolis and/or an Unknown Third Party as Obligatee"

Must indicate coverage for a General Contractor

Must be signed by the principal (if partnership, by all partners)

Must be original certificate with seal, stamp, or sticker

Bond must expire 12/31/2012

- **WORKMAN'S COMPENSATION INSURANCE**

Corporations: Due to the nature of a corporation, the owner/principal becomes an employee of the corporation (including Sub-S Corporations). Indiana State Law requires workman's compensation coverage – at least covering the owner/principal.

Must carry Workman's Compensation Insurance for workers employed in Indianapolis

Must have a certificate of insurance that identifies the effective and expiration dates of coverage

Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

Limited Liability Companies:

If you have employees:

Must carry Workman's Compensation Insurance for workers employed in Indianapolis

Must have certificate that identifies the effective and expiration dates of coverage

Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

If you do NOT have employees:

Must submit a signed letter on letterhead stating that neither the company nor the principals have any employees at this time, if in the future employees are hired, a certificate of insurance reflecting a workman's compensation coverage will be provided

Partnerships and Sole Proprietors:

If you have employees

Must carry Workman's Compensation Insurance for workers employed in Indianapolis

Must have certificate that identifies the effective and expiration dates of coverage

Must indicate the policy number or indicate "Binder" (a binder is only valid for 30 days from date of issuance)

If you do NOT have employees

Must complete the workman's compensation waiver on the application